



# *ANNUAL REPORT*

OF THE

# Medical Officer of Health

FOR THE YEAR 1962.

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GUERNSEY :

---

1963.



# Report of the Medical Officer of Health for 1962

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Lukis House,  
Grange,  
Guernsey.  
March, 1963.

SIR,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for 1962.

I have the honour to be, Sir,

Your obedient servant,

A. T. G. THOMAS, M.D., B.S., D.P.H.,  
Medical Officer of Health.

The President,  
Board of Health,  
Guernsey.

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TABLE I

## METEOROLOGICAL AND GEOGRAPHICAL

The Island of Guernsey is seventy five miles from Weymouth, forty two from Cherbourg and sixty one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

## STATISTICS

<i>Sunshine</i>	<i>Hours</i>	<i>Comparative sunshine hours</i> 1962 <i>Highest total hours in the</i> <i>British Isles</i>	
Total for 1962 ... ..	1893.2	1. Jersey (average) ...	1944.4
Average for 50 years	1881.1	2. Shanklin ... ..	1919.9
Sunless days for 1962 ...	58	3. Guernsey ... ..	1893.2
Average for 50 years	57	4. Eastbourne ... ..	1853.4

*Rainfall*

	<i>Inches</i>
Total for 1962 ... ..	31.58
Average for 50 years ... ..	36.13
Rain days for 1962 ... ..	180
Average for 50 years ... ..	190

*Temperature*

	° C.	° F.
Daily mean temperature 1962 ... ..	9.9	49.8
Average for 50 years ... ..	10.8	51.4
Mean daily range 1962 ... ..	4.8	8.7
Average for 50 years ... ..	4.9	8.9

<i>Wind</i>	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	10	31	64	37	27	34	58	59	45

Force: Monthly mean 3.7.

Average monthly mean for 117 years: 2.9.

## INTRODUCTION

### *The Administrative Background*

The administrative area embraced by this Report includes Guernsey, Alderney, Herm, Sark, and Jethou. Communication is by air and sea to Alderney and by sea to the other Islands. To anyone unfamiliar with the Island who wishes to study the information contained in the Report it is perhaps helpful to note that the whole background differs in many respects from that of a conventional local authority on the mainland.

4      The Public Health Department functions under the Board of Health, which is one of the standing committees of the States of Guernsey and it derives its powers and responsibilities largely from local legislation. This means virtual independence from the mainland in the field of public health, though in practice valuable assistance is given in dealing with certain problems by the Ministry of Health and the Wessex Regional Hospital Board. Further, the Island is outside the scope of the National Health Service, though an arrangement exists on the one hand for the treatment of visitors and on the other for Island patients to receive treatment in the mainland for ailments for which suitable provision does not exist here.

Another interesting feature is that the static nature of the population makes epidemiological and environmental study of the people easier than in a mainland community, and this has in fact attracted one or two research workers in these fields. The population may be divided roughly into urban and rural communities and the main occupations are the growing of tomatoes and flowers, and commerce. Light industry is showing some promise of development, and of course the substantial number of summer visitors is a valuable economic factor.

“ Better to hunt in fields, for health unbought,  
Than fee the Doctor for a nauseous draught.  
The wise for care on exercise depend;  
God never made his work for man to mend.”

—John Driden.

## GENERAL

As will be seen from consideration of the detailed items later in this Report, 1962 was a year in which progress was made in the institution of a number of improvements which, it is hoped, will lead to increased efficiency and public service. First among these was the acquisition of an Assistant Medical Officer of Health, Dr. White, whose advent will, it is hoped, provide some continuity, particularly in the School Medical Service. Also in the matter of personnel, substantial progress was made towards the appointment of a fourth Health Visitor who is likely to take up her duties early in 1963. This move should have considerable effect in bringing our Health Department closer to the individual family. The period before the appointment of Dr. White was covered by Dr. E. M. Witherick who showed much interest and co-operation and proved to be an admirable assistant. Actually, her service with this department has led to her choosing the Island as her permanent home. During the summer, we enjoyed a visit from Dr. Woolaston, a specialist in tuberculosis from the North of England, who gave a most interesting lecture to our Sanatorium and Health Visiting staff. Dr. Geoffrey Dean of East London, Union of South Africa, also visited the Island and spent nearly two months here and in Jersey conducting a study into smoking habits, tobacco consumption, and lung cancer. The formal publication of his work is awaited with much interest.

It is hoped that we may be able to arrange for more professional men to address doctors, nurses, and Health Visitors in their specialities in future. Professional discussion of this kind acts as a useful stimulant and refresher to a group of people whose facilities for post-graduate study are much more restricted here than in England.

It is now possible to give a reasonably clear account of work to be carried out or which should be carried out during the next three or four years. These projects stem partly from past decisions of the Board of Health and partly from the desirability of keeping pace with modern thought and practice in the world of preventive medicine and sanitary science. The effectiveness and speed of these projects, especially in the important field of health education, will be conditioned by the efficiency and adequacy of the staff available in the Public Health Department.

Another important task which must be undertaken is a study of the law in its relation to Public Health Administration. There is a very definite need for revision and amendment in places to keep pace with modern development. In particular, some amendment is required in the control of tuberculosis, vaccination against smallpox, control of caravans and the consideration of the adoption in part or whole of the Food and Drugs Act 1955. That the need for legal amendments has developed gradually and over a period is perhaps partly due to the fact that much has been achieved, and is still being achieved, by advice and admonition



to the public and to co-operation on their part without recourse to legal sanctions. This is indeed as it should be, but it is better to have sufficient authority in the background to exert pressure on the occasional awkward offender.

Finally, it is desired to express appreciation of the help and co-operation received from the Board of Health, the Education Council and its officers, and a loyal and efficient staff.

### POPULATION

The figures for this are based upon the mid 1962 estimates and are as under:—

Guernsey	...	...	...	...	45,550
Alderney	...	...	...	...	1,472
Sark	.....	...	...	...	560

In considering this subject it is also interesting to note the impact of the visiting population. In 1962 there were 130,809 arrivals by air and 82,279 by sea, making a total of 213,088.

### BIRTHS

In the year 1962 there were 797 live births registered in the Island. Of these 401 were males and 396 females. The Birth Rate is therefore 17.5 per thousand. The corresponding rate for 1961 was 16.8.

There were 15 stillbirths as against 19 in 1961 giving a rate of 17.6 per thousand live births. There were 45 illegitimate births, 5.6% i.e. 1:18 live births, during the year as against 29 in 1961, an increase of 16.

### DEATHS

There were 569 deaths in 1962, the same as in 1961. This gives a crude death rate of 12.5 per thousand and a corrected death rate of 8.68 per thousand. The correction is related to the particular age and sex distribution of the population in Guernsey and the Comparability Factor is 0.7.

### MATERNAL MORTALITY

As in 1961 there were no deaths attributable to pregnancy or childbirth. Under the Midwives Ordinances 1950 and 1955 medical aid is provided in necessitous obstetrical cases. The cost to the Board of Health of this service in 1962 was £330 7s. 3d. as against £309 2s. 9d. in 1961. Medical aid was sought in 221 cases as against 164 in 1961.

### INFANT MORTALITY

The number of deaths under one year of age was 15 giving an Infant Mortality Rate of 17.6. The rate for 1961 was 21.1. The rate for 1960 was 14.3 per thousand live births. There were 9 deaths under one month giving a Neo-Natal death rate of 11.3 per thousand live births.

### MARRIAGES

Three hundred and thirty two marriages took place during the year as against 359 last year. The corresponding rates are 7.3 and 8.0 per thousand head of population.



TABLE II \*

YEAR	Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude rate per 1,000	Adjusted rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	19.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,550	797	17.5	569	12.5	8.68	15	17.6

\* TABLE II—Note:—The method of estimating the mid-year population was changed in 1958 to what is considered to be a more correct method.

INFECTIOUS DISEASES

King Edward Sanatorium

Patients admitted during 1962

<i>Diseases</i>	<i>Cases</i>	<i>Deaths</i>
Pulmonary Tuberculosis ... ..	19	—
Vincent's Angina ... ..	1	—
Gastro Enteritis ... ..	1	—
Vaccination Reaction ... ..	4	—
Chicken Pox ... ..	2	—
Scarlet Fever ... ..	1	—
Herpes Zoster ... ..	1	—
Dermatitis ... ..	1	—
Measles ... ..	2	—
German Measles ... ..	2	—
Total number of patients admitted ...	34	—
Geriatrics ... ..	14	2
Cretinism ... ..	1	—

General

Admissions to the Sanatorium totalled 35 as against 55 for 1961, and they followed the usual downward trend. The effect of the diminution of infectious disease has posed a problem in maintaining staff and accommodation on something like an economic basis, and it was felt that the best thing would be to utilise some of the ward space to fulfil a need which had become more pressing, that is to accommodate geriatric cases. Accordingly space was made available for ten elderly ladies, and the scheme has worked very well.

It seems evident that the future policy in regard to provision for infectious disease will soon need reviewing. Possibly the ultimate way of dealing with them will be to establish a unit related to the Princess Elizabeth Hospital and utilise the Sanatorium for some other purpose.

Tuberculosis

During 1962 pulmonary tuberculosis caused 2 deaths. The rate is therefore .04 per thousand as compared with .07 in 1961 and 0.11 in 1960. The ages of the patients were in the age group 45 to 65. This manifests a continuing downward trend in tuberculosis and is comparable to what is taking place on the Mainland. It seems only a matter of time before the disease is completely eliminated. The attendances at the Chest clinic at Lukis House numbered 449. As regards the Sanatorium the situation remains similar to that in 1961 and the average number of patients remained extremely low.

The work of the out-patient clinic is very closely related to that of the Sanatorium. While modern drug treatment can offer an almost certain cure for tuberculosis, it can often take up to a year or even longer, according to the severity of the disease. However pleasant the amenities and however co-operative the patient, six months to a year is a long time in an institution, and cases not infrequently develop some restlessness or depression. This, in its turn, tends to impair the patient's progress and a kind of vicious circle develops. The present policy for dealing



with cases of this kind is to let them return home and attend as out patients as soon as they are reasonably fit to do so. Of course, they must have been non-infectious for some time and be the type of individual who can be trusted to continue treatment. This has considerable advantages, since the patient is much happier in his own surroundings, while at the same time the cost of his treatment is very materially reduced. Observation over about a year suggests that relapse in these cases is very rare, and among those who have received surgical treatment, almost unknown.

### *Tuberculin Testing*

As usual, tuberculin testing of young persons and adult contacts continued and 1,667 tests were performed during the year. One thousand and twenty one children were protected against tuberculosis by B.C.G. in 1962.

### *Poliomyelitis*

During the year there were 1,956 inoculations by Medical Practitioners in the Island and 2,920 by the Public Health Department. This is not as large a number as had been desired, but the whole situation concerning inoculations and vaccinations has had to be radically reconsidered. Late in 1961 a general agreement had been reached with the Island doctors and the Board of Health that it would be advantageous to introduce oral vaccine against poliomyelitis on a large scale during 1962. While this was being planned, however, some doubts were expressed in Canada as to the safety of certain oral vaccines and the Ministry of Health in England ordered a temporary standstill to its use for some time. Meanwhile, the introduction of a quadrivalent injection was announced which would give protection against whooping cough, tetanus, diphtheria and poliomyelitis simultaneously. This would replace the present trivalent vaccine by the inclusion of poliomyelitis vaccine.

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### *Diphtheria*

Six hundred and sixty one children were inoculated and 68 re-inoculated against diphtheria.

### *Vaccination against Smallpox*

Early in the year there continued to be some anxiety stemming from the outbreak of smallpox in the mainland in December, 1961. It will be recalled that smallpox was introduced to England by immigrants from Pakistan who had not been vaccinated. The situation was considerably worsened by the low vaccination state of the British public. It was decided therefore to endeavour to persuade as many people as possible in Guernsey to be vaccinated or revaccinated and over the whole campaign 20,000 responded. It is a good policy in regard to both smallpox and other vaccinations for as many people to be protected as possible in the Island, not only because of the individual benefit of freedom from disease but because there is always the chance that infected visitors might be included among the 200 thousand odd who visit these shores.

### *Cremations*

During the year there were 99 cremations as compared with an average of 62, which has persisted for the past ten years or so. This figure is extremely interesting since it shows an increase over 1961 in spite of the fact that the Guernsey service



does not now receive bodies from Jersey, owing to Jersey possessing its own crematorium. It emphasises in fact, the increasing popularity of this form of disposal of the dead.

<i>Year</i>						<i>Total</i>
1953	...	...	..	...	...	35
1954	...	...	...	...	...	74
1955	...	...	...	...	...	55
1956	...	...	...	...	...	70
1957	...	...	...	...	...	69
1958	...	...	...	...	...	50
1959	...	...	...	...	..	65
1960	...	...	...	...	...	73
1961	...	...	..	...	...	80
1962	...	...	...	...	...	99

This trend is the same as that in Great Britain though the increase there is much more dramatic.

CANCER

Cancer caused 114 deaths during 1962. In 1961 the figure was 98. The number of deaths from Cancer of the lung was 28. The figure for 1961 was 14. The following table will show the number of deaths occurring in the last 10 years from (a) all forms of Cancer and (b) Cancer of the Lung:—

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<i>Guernsey</i>					
<i>Year</i>				<i>Cancer All Forms</i>	<i>Cancer of Lung</i>
1953	...	...	...	70	11
1954	...	...	...	78	9
1955	...	...	...	81	18
1956	...	...	...	68	11
1957	...	...	...	104	19
1958	...	...	...	102	25
1959	...	...	...	97	21
1960	...	...	...	100	16
1961	...	...	...	98	14
1962	...	...	...	114	28

<i>Year</i>		<i>Cancer All Forms</i>		<i>Cancer of Lung</i>		<i>Cancer of Lung per 1,000 of population</i>	
		<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>
1953	.....	133	70	26	11	0.45	0.25
1954	.....	142	78	25	9	0.44	0.21
1955	.....	144	81	18	18	0.32	0.43
1956	.....	124	68	23	11	0.40	0.27
1957	.....	156	104	30	19	0.53	0.47
1958	.....	142	102	33	25	0.58	0.58
1959	.....	145	97	31	21	0.55	0.48
1960	.....	158	100	37	16	0.64	0.34
1961	.....	129	98	36	14	0.63	0.31
1962	.....		114		28		0.61

## VENEREAL DISEASE

The work of this special clinic continued during the year. Comparative figures of 1961 are added to illustrate the steady increase in this disease amongst males which is taking place, and this cannot be regarded without anxiety. It is significant also that this is paralleled by an increase in the illegitimate birth rate. It is recognised that this trend is the same as that which is taking place on the mainland and can perhaps be associated partly with the generally accepted (and sometimes erroneous) opinion that Venereal Disease is now a triviality owing to modern treatment and partly due to a general lowering of moral standards. This latter important influence poses some very complex religious and sociological problems.

Number of persons who on the 1st January, 1963, were under treatment for surveillance for:—

							<i>Male Section</i>		<i>Female Section</i>	
							1961	1962	1961	1962
1.	Syphilis	...	...	...	...	...	—	9	—	2
	Gonorrhea	...	...	...	...	...	10	14	—	5
	Non-specific or non-venereal conditions	...					3	3	—	1
2.	Number of persons previously removed from register who returned for treatment due to re-infection						2	—	—	—
3.	Number of fresh infections during the year:—									
	Syphilis contracted locally	...	...	...			7	1	—	1
	Syphilis contracted outside the Island	...					2	—	—	—
	Gonorrhea contracted locally	...	...	...			10	7	—	4
	Gonorrhea contracted outside the Island	...					12	10	—	—
	Non-specific or non-venereal conditions contracted locally	...	...	...	...	...	17	17	—	1
	Non-specific or non-venereal conditions contracted outside the Island	...	...	...			6	11	—	—
4.	Cases discharged during 1962:—									
	Syphilis	...	...	...	...	...	—	—	—	—
	Gonorrhea	...	...	...	...	...	18	23	—	4
	Non-specific or non-venereal conditions	...					23	27	—	1
5.	Number of persons remaining under treatment or observation on 31st December, 1962:—									
	Syphilis	...	...	...	...	...	9	10	—	2
	Gonorrhea	...	...	...	...	...	14	8	—	1
	Non-specific or non-venereal conditions	...					3	4	—	—
6.	Number of attendances						284	374	47	14

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## FOOD CONTROL

Notwithstanding the absence of adequate legislation, and the absence of the provisions of the Food and Drugs Act 1955, encouraging progress was made during the year to improve conditions generally, under which food was prepared for sale

to the public. It is a pleasing thought that so much can be achieved by discussion and co-operation rather than by legal action. In fact, 1962 saw the establishment of a routine procedure which, it is hoped will be repeated at least once a year preferably in the Spring before the visitor season gets into its stride.

Each caterer in the Island has been provided with a schedule of basic requirements and standards for clean and wholesome food preparation. In some instances the equipment is so good that detailed improvements only are necessary. In cases where expensive improvements are required it is usually possible to reach agreement with the caterer that such items be introduced gradually having regard to the financial background.

One especial aspect of the trade came under observation during the summer, and that was in relation to refuse disposal. In one prominent hotel the mode of disposal would have been out of date in the reign of Elizabeth I and the nuisance to which it gave rise was indescribable. This can readily be understood, since it consisted simply of a stone chamber above ground level into which every kind of garbage was thrown and emptied weekly by shovelling into a cart. It is pleasing to record that the owners, when approached, were immediately most co-operative in completely re-organising things to our satisfaction. A similar case, where refuse was allowed to accumulate owing to untidy use of bins was subjected to prosecution after several warnings.

## HOME VISITING

Progress was made towards the re-organisation started last year. This, in essence consisted of doing away with the special post of School Nurse and dividing the duties of Health Visitor and School Nurse between four instead of two officers. These were to work respectively in four districts calculated on a population basis. Efforts to bring this about were completely frustrated at first because of the difficulty in recruitment of a fourth Health Visitor. At last an appointment was made, but after a number of months the selected lady withdrew. After further advertisements a second appointment was made and it is hoped that the vacancy will be filled early in 1963. All this has held things up for nearly a year, but it is difficult to see how it could have been avoided. Another benefit which it is hoped will emerge from the closer contact between Health Visitor and family is closer relationships with the District Nurses. It is felt that this is a most desirable move and efforts have been made to encourage it by getting both groups together for a lecture on tuberculosis and similar meetings are planned in the future. It is also felt that great benefit would result if the two services could be merged.

## HEALTH VISITOR REPORT

*Board of Health Clinics :—*

<i>Details</i>								<i>Number of attendances</i>	
Smallpox Vaccinations	Readings and Treatments	...	...	...	...	...	...	597	
Chest Clinics	...	...	...	...	...	...	...	50	
Tuberculosis Testing	...	...	...	...	...	...	...	83	
B.C.G.	...	...	...	...	...	...	...	33	



*Details of visits made by Health Visitors in connection with :—*

<i>Details</i>								<i>Number of visits</i>
(1) Child Welfare.								
Day Nurseries	...	...	...	...	...	...	...	16
Foster children	...	...	...	...	...	...	...	4
Home visits (0-5 years of age)	...	...	...	...	...	...	...	1,447
Infant welfare clinics	...	...	...	...	...	...	...	8
Problem families	...	...	...	...	...	...	...	20
Miscellaneous	...	...	...	...	...	...	...	47
(2) Infectious Diseases.								
Investigating cases	...	...	...	...	...	...	...	43
Tuberculosis Contacts and Special Visits	...	...	...	...	...	...	...	261
Miscellaneous	...	...	...	...	...	...	...	5
(3) Miscellaneous Visits.								
Cancer Research	...	...	...	...	...	...	...	60
Housing investigation	...	...	...	...	...	...	...	21
Mentally sick	...	...	...	...	...	...	...	48
Old Persons	...	...	...	...	...	...	...	135
(4) Ineffectual Visits								
	...	...	...	...	...	...	...	195

## HEALTH EDUCATION

Health Education is not confined to schools, but has a place in the normal activity of any Public Health Organisation, its importance is becoming more and more recognised. With the steady improvement in environmental hygiene, and the control of infectious diseases by immunisation, the responsibility of a Public Health Department in combating formidable epidemics of disease is coming to an end, although vigilance is always necessary. Attention can now be given to the newer concept of positive health. The simplest way to explain this is to say that it is not regarded as sufficient for the individual today merely to be able to cope with their daily task, but that they should have sufficient energy and stimulus left over for proper relaxation and enjoyment of life. Health, in fact, is not now regarded as simple absence of disease but as something positive and dynamic.

There is scope for a vast amount of work in this field amongst adults as well as children. Far too many people are preoccupied, not with their health, but with their diseases, real or fancied. In particular, they demand vast quantities of medicaments, much of them unnecessary, disregarding the fact that few drugs are without some toxic side effect. All this too, regardless of the vast cost to the public funds. Accepting then, that the average man in the street still needs a lot of education and encouragement to adopt a more healthy outlook, the problem is how to achieve this. Firstly there is contact between the family and health visitor/school nurse. This needs developing in this Island and it is being developed. Posters can help and much more could be done through the medium of television. This latter field seems particularly to be worth exploring, because the time given to educating the public in such subjects as road safety must surely have borne valuable fruit. This matter is being pursued. Safety and hygiene in factories and workshops can be supplemented also by education, but the fact remains that propaganda of all kinds does cost money, and it is hoped that the idea that the promotion of positive health in a community ultimately pays dividends in prosperity and happiness will find wider acceptance.

# APPENDIX I

Table 13—Ages (individual years)

Age last birthday	Guernsey and Adjacent Islands		
	Persons	Males	Females
65 .....	403	187	216
66 .....	399	173	226
67 .....	382	167	215
68 .....	364	169	195
69 .....	365	153	212
70 .....	350	152	198
71 .....	358	159	199
72 .....	312	135	177
73 .....	297	133	164
74 .....	267	110	157
75 .....	273	126	147
76 .....	224	93	131
77 .....	217	92	125
78 .....	192	72	120
79 .....	154	65	89
80 .....	149	51	98
81 .....	135	58	77
82 .....	127	50	77
83 .....	99	34	65
84 .....	80	26	54
85 .....	63	23	40
86 .....	60	16	44
87 .....	67	17	50
88 .....	37	18	19
89 .....	32	15	17
90 .....	24	7	17
91 .....	8	4	4
92 .....	10	4	6
93 .....	3	2	1
94 .....	4	1	3
95 .....	6	—	6
96 .....	1	—	1
97 .....	2	—	2
98 .....	1	1	—
99 .....	1	—	1
100 and over .....	—	—	—
Age 65+ .....	5,466	2,313	3,153

It follows therefore that much study must be directed in the near future to the development of a properly planned scheme for the care of the aged. This will be done along two lines. Firstly their well-being in their own homes and secondly the provision of suitable institutional accommodation. From the start, it is felt that it is better to maintain them as long as possible in their own familiar surroundings provided that they can receive adequate attention. Most of these cases prefer this method and institutional care has a number of disadvantages, including cost.

# APPENDIX II.

TABLE L — Population by Age-groups, 1931 — 1951

	1931		1951		Percentage increase or decrease (—) 1931-1951 Persons Males Females F'mls.		Percentage increase or decrease (—) 1931-1951 Persons Males F'mls.		Percentage distribution of population 1931 1951 1951							
Age last birth-day	Persons	Males	Females	Persons	Males	Females	Persons	Males	F'mls.	England and Wales	Guernsey and Adjacent Islands	England and Wales				
0-4	3,617	1,793	1,824	4,187	2,116	2,071	15.8	18.0	13.5	24.3	26.1	22.6	8.5	9.2	7.5	8.5
5-9	3,633	1,860	1,773	2,980	1,507	1,473	-18.0	-19.0	-16.9	- 4.8	- 3.7	- 6.0	8.5	6.6	8.3	7.2
10-14	3,343	1,704	1,639	3,318	1,723	1,595	- 0.7	1.1	- 2.7	-12.3	-11.8	-12.8	7.8	7.3	8.0	6.5
15-24	6,959	3,465	3,494	6,039	2,943	3,096	-13.2	-15.1	-11.4	-18.7	-19.0	-18.5	16.3	13.3	17.3	12.9
25-34	6,387	3,080	3,307	6,332	3,164	3,168	- 0.9	2.7	- 4.2	- 0.8	2.5	- 3.9	14.9	13.9	16.1	14.5
35-44	5,549	2,565	2,984	6,653	3,391	3,262	19.9	32.2	9.3	22.3	31.0	15.0	13.0	14.6	13.7	15.3
45-54	5,081	2,432	2,649	5,864	2,853	3,011	15.4	17.3	13.7	21.5	24.8	18.6	11.9	12.9	12.4	13.7
55-64	4,063	1,959	2,104	4,657	2,081	2,576	14.6	6.2	22.4	22.6	14.9	29.5	9.5	10.2	9.3	10.4
65 +	4,111	1,817	2,294	5,466	2,313	3,153	33.0	27.3	37.4	62.8	54.9	68.8	9.6	12.0	7.4	11.0
All																
Ages	42,743	20,675	22,068	45,496	22,091	23,405	6.4	6.8	6.1	9.5	9.8	9.2	100.0	100.0	100.0	100.0



SELECTED GUERNSEY HEALTH STATISTICS

Year .. .. .	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Infant Mortality Rate per 1,000 Live Births	40.1	33.3	19.5	25.1	29.5	14.2	32.6	31.6	13.1	26.9	19.9	33.0	22.3	19.7	14.3	21.1	12.6
Neo-Natal Deaths Rate per 1,000 Live Births .. .. .	—	—	12.5	17.6	22.6	9.0	20.3	19.4	8.7	16.5	14.2	16.5	18.1	14.1	13.0	17.1	11.3
Still Births Rate per 1,000 Live Births	21.7	18.9	24.2	23.9	20.1	14.2	21.7	20.6	13.1	8.9	24.2	18.0	22.3	19.7	22.1	23.8	17.6
Pulmonary T.B. Rate per 1,000 ..	0.45	0.54	0.79	0.61	0.42	0.27	0.21	0.18	0.11	0.14	0.19	0.12	0.04	0.15	0.11	0.07	0.04

DEATHS BY AGE GROUPS AND CAUSES — 1962

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
2	<i>GROUP I</i> <i>Infective and Parasitic Diseases</i> Pulmonary tuberculosis .. ..	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2
142	<i>GROUP II</i> <i>Cancer and other Tumors</i> Parotid gland .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
150	Oesophagus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
151	Stomach .. ..	—	—	—	—	—	—	—	—	—	—	2	2	3	3	3	3	8	8	16
153	Large Intestine .. ..	—	—	—	—	—	—	—	—	—	—	1	2	2	7	—	—	10	2	12
154	Rectum .. ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	2	1	3
155	Biliary passages and of liver .. ..	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	2	5	7	7
157	Pancreas .. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2
161	Larynx .. ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	1	3
162	Trachea, bronchus and lung .. ..	—	—	—	—	—	—	—	—	—	—	14	1	5	3	2	22	6	28	28
170	Breast .. ..	—	—	—	—	—	—	—	—	—	—	—	5	—	3	—	—	—	11	11
174	Uterus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
175	Ovary .. ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	3
176	Vulva .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
177	Prostate .. ..	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	4	—	4
179	Penis .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
180	Kidney .. ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
181	Bladder .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
190	Melanoma of skin .. ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
	Carried forward									—	3	20	15	16	10	19	17	55	45	100

Item List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i> .. .. .	—	—	—	—	—	—	—	—	—	3	20	15	16	10	19	17	55	45	100
191	Other cancers of skin .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
193	Brain .. .. .	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
199	Other and unspecified sites .. .. .	—	—	—	—	—	—	—	—	—	—	1	4	1	2	1	4	3	10	13
204	Leukaemia .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
215	Uterus .. .. . Benign	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
223	Brain .. .. . „	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
225	Jaw .. .. .	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
	<i>GROUP III</i> .. .. .																			
	<i>Allergic, Endocrine system, Metabolic, &amp; Nutritional Diseases</i>																			
241	Asthma .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
260	Diabetes mellitus .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4	—	6	6
	<i>GROUP IV</i> .. .. .																			
	<i>Diseases of the blood and blood-forming organs.</i>																			
290	Pernicious anaemias .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
292	Other anaemias of specified type ..	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	2	2	3	5
	<i>GROUP V</i> .. .. .																			
	<i>Mental, psychoneurotic, and personality disorders</i> .. .. .																			
304	Senile psychoses .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
322	Alcoholism .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	<i>Carried forward</i>	—	—	—	—	—	—	1	—	1	3	24	23	18	16	22	28	66	70	136



Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages	Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	<i>Brought forward</i> .. .. .	—	—	—	—	—	—	1	—	1	3	24	23	18	16	22	28	66	136
	<b>GROUP VI</b>																		
	<i>Diseases of the nervous system and sense organs</i> .. .. .																		
330	Subarachnoid haemorrhage .. .. .	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
331	Cerebral haemorrhage .. .. .	—	—	—	—	—	—	—	—	1	—	1	1	4	5	7	7	13	26
332	Cerebral thrombosis .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	3	3	5	12	9	24
334	Cerebral Arteriosclerosis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
350	Paralysis agitans .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	2
353	Epilepsy .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	<b>GROUP VII</b>																		
	<i>Diseases of the circulatory system</i> .. .. .																		
401	Rheumatic carditis .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
414	Rheumatic endocarditis .. .. .	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
416	Rheumatic heart disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
420	Coronary thrombosis .. .. .	—	—	—	—	—	—	—	—	3	—	15	6	10	8	16	9	44	67
421	Chronic endocarditis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	3
422	Myocardial degeneration .. .. .	—	—	—	—	—	—	—	—	—	—	2	—	3	1	15	10	20	31
433	Functional disease of heart .. .. .	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	2	4
434	Other and unspecified diseases of heart .. .. .	—	—	—	1	—	—	—	—	—	—	3	—	4	2	1	5	8	16
440	Hypertension with heart disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	4	4	8
444	Hypertension .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	3	1	5	2	9	12
445	Malignant hypertension .. .. .	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	2
447	Other hypertension disease .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
450	Arteriosclerosis .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	2	5	8	16	10	32
	<i>Carried forward</i>	—	—	—	1	—	1	2	—	7	4	49	33	51	43	83	96	192	370

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i> . . . . .	—	—	—	1	—	1	2	—	7	4	49	33	51	43	83	96	192	178	370
454	Arterial embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
465	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	2	2	4	6
	<i>GROUP VIII</i>																			
	<i>Diseases of the respiratory system</i> . .																			
480	Influenza with pneumonia . . . . .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
481	Influenza . . . . .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
490	Lobar pneumonia . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1
491	Bronchopneumonia . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	2	2	1	7	2	10	12
492	Primary atypical pneumonia . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
493	Pneumonia . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	1	3	4
501	Bronchitis . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	3
502	Chronic bronchitis . . . . .	—	—	—	—	—	—	—	—	—	—	3	—	7	—	2	2	12	2	14
522	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	3
525	Other chronic interstitial pneumonia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
526	Bronchiectasis . . . . .	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	—	3	1	4
527	Other diseases of lung and pleural cavity . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
	<i>GROUP IX</i>																			
	<i>Diseases of the digestive system</i>																			
541	Ulcer of duodenum . . . . .	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	2	1	3
550	Acute appendicitis with peritonitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
560	Hernia of abdominal cavity . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
570	Intestinal obstruction without men- tion of hernia . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	<i>Carried forward</i> . . . . .	2	—	—	1	—	1	2	—	8	4	56	36	63	50	90	116	221	209	430

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
578	<i>Brought forward</i> .. .. .	2	—	—	2	—	1	2	—	8	4	56	36	63	50	90	116	221	209	430
	Other diseases of intestines and peritoneum .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1
581	Cirrhosis of liver .. .. .	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	—	3
587	Diseases of pancreas .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	<i>GROUP X</i>																			
	<i>Diseases of Genito-Urinary system</i>																			
592	Chronic nephritis .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
593	Nephritis not specified as acute or chronic .. .. .	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
600	Infections of kidney .. .. .	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	2	—	3
610	Hyperplasia of prostate .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	3
	<i>GROUP XIII</i>																			
	<i>Diseases of the bones and organs of movement</i>																			
744	Other diseases of muscle, tendon, and fascia .. .. .	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1
	<i>GROUP XIV</i>																			
	<i>Congenital malformations</i>																			
754	Congenital malformations of circulatory system	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
756	Congenital malformations of digestive system .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	<i>Carried forward</i> .. .. .	4	—	—	2	1	1	2	—	10	4	60	36	63	53	94	118	234	214	448



Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward . . . . .	4	—	—	2	1	1	2	—	10	4	60	36	63	53	94	118	234	214	448
	GROUP XV																			
	<i>Certain diseases of early infancy</i> . .																			
762	Postnatal asphyxia and atelectasis	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
763	Pneumonia of newborn . . . . .	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
776	Immaturity unqualified . . . . .	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
	GROUP XVI																			
	<i>Symptoms, Senility and illdefined conditions</i>																			
782	Symptoms referable to cardiovascular and lymphatic system . . . .	—	—	—	—	—	—	—	—	—	—	2	1	2	4	6	8	10	13	23
784	Symptoms referable to upper gastro-intestinal tract . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
786	Symptoms referable to genito-urinary system . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
790	Nervousness and debility . . . . .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
792	Uraemia unqualified . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	4	1	5
794	Senility without mention of Psychosis	—	—	—	—	—	—	—	—	—	—	—	—	4	4	19	32	23	36	59
	GROUP XVII																			
	<i>Accidents, poisonings, etc.</i>																			
803	Skull Fractures . . . . .	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	—	3
820	Fracture of neck of femur . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
823	Fracture of tibia and fibula . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
933	Foreign body in pharynx & larynx	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
968	Poisoning by carbon monoxide . .	—	—	—	—	—	—	—	—	1	—	3	1	1	—	1	—	6	1	7
990	Drowning . . . . .	—	—	—	—	—	—	—	—	1	—	2	1	—	—	—	—	3	1	4
996	Injury of other and unspecified nature	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	2
	TOTALS . . . . .	11	4	—	2	1	1	4	—	12	4	68	41	71	62	127	161	294	275	569

*Causes of Infant Deaths—Under one month*

754	Congenital malformations of circulatory system	..	..	..	M	F	Total
762	Postnatal asphyxia and Atelectasis	..	..	..	1	—	1
763	Pneumonia of newborn	...	..	..	2	1	3
776	Immaturity unqualified	..	..	..	1	—	1
					3	2	5
					7	3	10

*Causes of Infant Deaths—From One month to One year*

491	Bronchopneumonia	..	..	..	M	F	Total
492	Primary atypical pneumonia	..	..	..	1	—	1
754	Congenital malformations of circulatory system	..	..	..	1	—	1
762	Postnatal asphyxia and atelectasis	..	..	..	1	—	1
763	Pneumonia of newborn	..	..	..	—	1	1
					4	1	5

## Comment on Causes of Death—1962

### 1. *Pulmonary Tuberculosis* (2 deaths).

Both these were in the age group 45-64, and both took place outside the Sanatorium. The figure is a gratifying one, and confirms the impression that this disease which caused such havoc a quarter of a century ago is now negligible as a cause of death.

### 2. *Cancer*.

It is most disturbing to note that by far the commonest site for cancer as a cause of death is the trachea, bronchus and lung. There were 28 cases out of 114. This represents an increase of 14 cases over last year and is in fact exactly double. It is hoped that the significance of this increase will not be lost upon those individuals who are not convinced of the need for vigorous measures to discourage cigarette smoking especially amongst young folk. The age group most affected was 45-64 (15 cases).

### 3. *Coronary Thrombosis*

Another very significant cause of death was coronary thrombosis which caused 67 deaths as against 61 last year. Actually, the diseases of the circulatory system including thrombosis accounted for 184 out of 569 deaths. This can be partially attributed to the aging of the population, but it is significant that the numbers in age group 45-64 (21) are proportionately high as compared with the 75+ group which is 25. Heart and circulatory troubles have always been associated with stress and tension but it is difficult to see how this can be significant in an Island so tranquil as ours. The other possibility is that diet may have some influence. It might be possible for this to be studied.

### 4. *Bronchitis*.

Seventeen deaths were attributed to bronchitis as compared with exactly the same figure last year. This is a low figure attributable to the climate and the absence of smog.

### 5. *Senility*.

Fifty nine deaths were returned as being due purely to senility, but this was a large factor in another 31 instances giving a total of 90 as compared with 108 last year.

### 6. *Vital Statistics*.

*Comparison—Guernsey-U.K.*

		Infant Mortality Rate					
		Deaths per 1,000 live births					
		1957	1958	1959	1960	1961	1962
England and Wales		23	23	22	22	21	*
Guernsey	... ..	33	22	20	14	21	18

\* Figure not yet available.



### Neo-natal death rate

#### Deaths per 1,000 live births

	1957	1958	1959	1960	1961	1962
England and Wales	17	16	16	15	15	*
Guernsey ... ..	16	18	14	13	17	11

### Maternal Mortality

#### Deaths per 1,000 live births

	1957	1958	1959	1960	1961	1962
England and Wales	.5	.4	.4	.4	.4	*
Guernsey ... ..	—	—	—	—	—	—

### Tuberculosis Death Rate (Respiratory)

#### Death Rate per 1,000 living

	1957	1958	1959	1960	1961	1962
England and Wales	.10	.09	.08	.07	.07	*
Guernsey ... ..	.12	.04	.15	.11	.07	.04

### Bronchitis

#### Death Rate per 1,000 living

	1957	1958	1959	1960	1961	1962
England and Wales	.6	.7	.6	.6	.7	*
Guernsey ... ..	.3	.3	.1	.2	.2	.1

### Cancer all forms

#### Death Rate per 1,000 living

	1957	1958	1959	1960	1961	1962
England and Wales	1.7	1.7	1.7	1.7	1.7	*
Guernsey ... ..	2.6	2.4	2.2	2.2	2.2	2.5

### Cancer of lung

#### Death Rate per 1,000 living

	1957	1958	1959	1960	1961	1962
England and Wales	.4	.4	.5	.5	.5	*
Guernsey ... ..	.5	.5	.5	.3	.3	.6

\* Figures not yet available.

## PUBLIC HEALTH DEPARTMENT

### *Cost of Operation*

#### *Laboratory*

Analysis	...	...	...	...	£491	4	4
Cleaning and Sundries	...	...	...	...	422	13	8
Medical Supplies and Equipment	...	...	...	...	940	4	0
					<hr/>		
					£1,854	2	0
					<hr/>		

#### *Public Health*

Drugs, Vaccines, etc.	...	...	...	...	£886	1	9
Salaries	...	...	...	...	19,605	6	2
Travelling Expenses	...	...	...	...	1,026	0	11
V.D. Clinic	...	...	...	...	340	18	4
Other Expenses	...	...	...	...	1,406	14	11
					<hr/>		
					£23,265	2	1
					<hr/>		

## LABORATORY

### Section 1. General Laboratory Tests.

The total number was 15,744, the highest recorded, an increase of 14% over 1961. Specimens referred to Dorset totalled 456, and 106 samples for pregnancy testing were sent to the F.P.A.

### Section 2. Public Health Tests.

These totalled 1,052, the vast majority being water samplings.

### Section 3. Blood Transfusion and Grouping Tests.

A total of 2,629 tests were made. During the year 401 pints of blood were donated, of which 318 were used. Requests for blood, however, totalled 479 pints. All these figures are records. A vigorous effort is being made this year to reduce the difference between the last two figures. There were 62 Blood Donor Sessions during the year; and all donors are controlled with haemoglobin estimations.

### General Summary.

The total number of tests in all sections was 19,425, a record total representing an increase of 12.5% above 1961. During the year, the office administration virtually broke down for a period because of staff shortages. There are now two full time clerical assistants, the minimum staff requirement at the present time. New filing and record systems have been introduced to increase efficiency.

### Imperial Cancer Research Fund.

The work for this project is proceeding satisfactorily, and approximately 2,100 specimens have been processed here since the commencement of the scheme in February 1961.

### Conclusion.

The statistics given in this report reflect credit on all the staff in the department whose combined efforts have carried the 12.5% increase in work. Progress continues in various laboratory techniques and management in order to maintain our standards of modern laboratory procedures at a high economic level.

## SCHOOL MEDICAL SERVICES

It will be noticed from the paragraphs which follow that the scope of this Report is being somewhat broadened. The reason for this is that there is a trend today towards broadening the whole approach to the health and welfare of the school child. It is suggested that the fact that a young person attends school for a certain period in his or her life does not place him in a category separated from all the other members of the community. In fact the relationship between the school and the community is indivisible, just as that between the Public Health Department and the School Medical Service. The aim of both is fundamentally the welfare of all members of the community from birth and even before until the end of their days. One particular aspect of this is the welfare of the pre-school child, especially as regards the ascertainment of defects which may impair the benefit they are to derive when they start their school days. It is for this especial reason that the Health Visitor and School Nurse have been merged into one. It is hoped that ultimately the contact between the family and the Health Visitor will be so close that it will be very unlikely that a child will present himself for admission to school without at least a start at the remedy of any defects he may suffer from. In addition, it is suggested that all environmental factors affecting the welfare of the school child deserve the attention of the School Medical Service, and that is why the field has been broadened to consider matters such as traffic danger and diet. All these matters should thus receive at least an annual review.

## SCHOOL WORK

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	<i>Mrs. Prevot</i>	<i>Mrs. Horkan</i>	<i>Mrs. Sangan</i>
Medicals at School—sessions ...	12	37	12
Preparation for Medicals—sessions	5	17	12
Eyes testing, weighing, etc.— sessions ... ..	7	29	10
School Clinics ... ..	10	37	9
Milk Scheme visits to schools ...	—	6	—
Milk Scheme visits with Doctor	3	—	9
Special visits with Doctor ... ..	—	6	—
Interviews ... ..	4	15	—
Homes visited ... ..	10	20	23
School children visited ... ..	30	46	44
Ineffectual visits ... ..	7	4	10
Cleanliness Inspections at school and Lukis House ... ..	12	47	25
Total seen ... ..	1,691	9,765	1,695
Infested ... ..	85	189	49
Excluded ... ..	21	57	34
Families ... ..	—	109	10
Problem Families			
Neglect and mismanagement	—	36	4
Continually infested ... ..	—	30	—
Administration—sessions ... ..	40	42	25



The total number of schoolchildren examined at school during the year has been rather less than for 1961 (1,535 as against 1,774). This is thought to be the reflection of the smallpox programme which had to be given priority earlier in the year.

This total (1,535) is made up as follows:—

		Satisfactory	Unsatisfactory
Entrants .. ..	282	279 (98.9%)	3 (1.1%)
Juniors .. ..	624	601 (96.3%)	23 (3.7%)
Seniors .. ..	629	589 (93.6%)	40 (6.4%)
Schoolchildren .. ..	1,535	1,469 (96.3%)	66 (3.7%)

Additionally 652 children were examined at the Clinics held at Lukis House, making a total of 2,187 children; this figure does not include those children receiving milk or extra nourishment, all of whom have been reviewed by the end of the year. Of these, 122 remained on extra milk and 4 on extra nourishment at 31.12.62.

In the major categories, 898 defects have been recorded and these are tabulated below:—

Defect	Examination at School		Clinics at Lukis House	
	Defects found	Referred to Specialist	Defects found	Referred to Specialist
EYES .. ..	269	31	218	104
* E.N.T. ..	202	8	32	11
SPEECH ..	13	2	26	8
ASTHMA ..	5	3	2	1
SKIN .. ..	40	NO RECORD		
ORTHOPÆDIC (incl. minor postural defect)	91	NO RECORD		
Total examined at school 1,535 and at Clinics 652 (* E.N.T. Ear, nose, throat.)				

### *Tuberculosis*

The programme of vaccination against tubercular infection amongst school-children (B.C.G. vaccination) represents a considerable volume of painstaking work. Initially 841 children were tested for potential susceptibility to tubercular infection and of these 552 were protected by B.C.G. vaccination. The number refusing to be tested (103) is disappointingly high. Of those tested and found to require vaccination only 3 refused, which is a more satisfactory record. The details of this part of the programme are tabulated below:—

	Total exam.	T.T.	B.C.G.	Refused B.C.G.	Refused T.T.	T.T. not nec.	Pos. T.T.	T.T. not done
Ent.	282	257	—	—	15	10	1	—
Jun.	624	505	481	—	54	41	24	24
Sen.	629	79	71	3	34	516	5	—
Total	1,535	841	552	3	103	567	30	24

Owing to a suspicion of a mechanical fault in the technique being used, a special survey was carried out among those already vaccinated to assess the effectiveness of vaccination (the conversion rate). A further 577 children were tested, having already been vaccinated, and of these only 162 were found to have converted (27.2%) 414 of the remaining 415 were re-vaccinated, one child refusing re-vaccination. Of those re-vaccinated children 144 were tested yet again, to check on the effectiveness of the second vaccination; 144 were found to be positive, that is to say 100% conversion which is the aim of the programme. In addition, 25 children who would not have been eligible by reason of age for inclusion in the routine vaccination programme, availed themselves of the opportunity to be tested. Of these 24 were found to need vaccination; 1 refused vaccination and the remaining 23 were protected. This represents a total of 1,587 tests and 989 vaccinations; the details of this special survey are tabulated below:—

	Post Vacc. T.T.	Positive T.T.	Booster B.C.G.	Refused B.C.G.
Leavers . . . .	577	162	414	1

  

	Post Vacc. T.T.	Positive T.T.	Post Vacc. Test not done
Leavers . . . .	144	144	270

### *Extra Tuberculin Tests*

T.T.	B.C.G.	Pos. T.T.	Refused B.C.G.
25	23	1	1



### *Health Education in Schools*

In the spring of 1962 an enquiry was sent to all the Islands schools to ascertain what place was given in their curriculum to Health Education. The results may be analysed as follows:—

1. No reply—3.
2. No specific teaching; incidental talks only—13.
3. Training integrated with science and biology—3.
4. Formal training to a set syllabus—4.
5. Offer of co-operation with School Medical Officer—12.

Of the 25 schools approached the impression given by practically all of them was one of interest and co-operation. It will be noticed in another section of this report that a definite relationship has been established between the physical development of children and their intelligence quotient, and this is one of the reasons why more and more attention is being directed towards Health Education. The fact is that physical development and healthy living make an inestimable contribution to educational progress and are really worthy adjuncts to the school system. Further, Health Education in particular prepares young people for entry into society better equipped to deal with its problems, and in particular those of home making and parenthood, bearing in mind that marriage is taking place at an increasingly early age. Up to date Health Education may help in coping with the problem of moral delinquency and illegitimacy which is causing more and more concern. The ultimate objective is to ensure that all schools allocate a known period of school time to a definite syllabus of Health Education, adjusted to the age group of the pupils and more or less uniform throughout the school organisation. This uniformity has several advantages, in that omissions do not occur, and the teaching is known to be of a suitable nature. This is not a project which can be accomplished overnight. A great deal of preparation is necessary in preparing a syllabus, securing its approval and acceptance from individual teachers and fitting it into the existing curriculum. Nevertheless it is hoped to move forward in this field during 1963.

### *Smoking*

Closely allied to the matter of health education is the responsibility which has now devolved upon school medical services and teachers to discourage smoking amongst all young persons. As more information comes to hand on this subject certain aspects of it become clearer. First, this duty is here to stay, not for one year, but perhaps for fifteen or twenty. At any rate, until some method of rendering tobacco certainly innocuous. Secondly, such teaching should not be alarmist but rather persuasive. Some discussion has arisen on the question of a personal example by teachers. The attitude of education authorities in England is that they prefer teachers to enjoy smoking in private as far as is reasonably possible, but much can be left to individual discretion. After all, there are plenty of other things permissible to adults which cannot be allowed to young people. Propaganda material will be circulated to schools at intervals as part of the Health Education scheme.

### *Speech Therapy*

It will be learned with regret that Mrs. Mitchell who has since 1956 performed invaluable work in the field of speech therapy is shortly to relinquish her post. During her tenure of it she has shown great enthusiasm and achieved some very fine results. We lose her services with much regret.



### *Fluoridation of Drinking Water*

This, while being, of course, a matter of interest to the general public in the Island is one of special concern to young people up to the age of 12 years. Since the discovery of the beneficial effects of minute quantities of fluorine in preventing dental decay the subject has given rise to a good deal of ill-informed and intemperate squabbling between local authorities and minor politicians. This, in its earlier days had its humorous angles, but the ground has now been so fully covered that opposition to fluoridation cannot be supported on rational grounds, and it is hoped that this sensible measure can be adopted, thus avoiding the inconvenience and cost which arises at present from the poor dental state of our children.

#### *Head Infestation*

	<i>No. Examined</i>	<i>No. Infested</i>	<i>No. Excluded</i>
Mrs. Prevot ...	1,691	85	21
Mrs. Sangan ...	1,695	49	34
Mrs. Horkan ...	9,765	189	57
	<hr/> 13,151 <hr/>	<hr/> 323 <hr/>	<hr/> 112 <hr/>

The significance of these figures is that some 30 families are frequently sending their children to school with their heads infested by lice or nits. The proportion is about 2.4% of the school population. On the mainland the actual proportion over the years has been shown as follows:—

1926 .....	12%
1950 .....	6%
1961 .....	3%

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The problem is not a really formidable one, but obviously, the situation cannot be regarded as satisfactory if any children at all are sent to school in a condition to infect others, and it is time that head infestation became as rare as infections like Scabies. There is perhaps some small excuse, in rural areas, since washing facilities in many homes are far from satisfactory. Indeed, it is not infrequently found that children are not able to have a bath more often than twice a month. Even today, and especially in the country, many houses lack proper baths. The question of providing public baths and wash houses might well be considered, especially if coupled with an indoor swimming pool.

#### *Road Accidents*

<i>Year</i>	<i>Accidents</i>	<i>Fatalities</i>	<i>Serious</i>	<i>Slight</i>	<i>Total</i>	<i>Vehicles using Roads</i>
1952	592	4	52	241	297	7,311
1953	534	5	49	228	282	7,910
1954	650	7	51	265	323	8,005
1955	725	2	70	222	294	8,673
1956	964	7	68	281	356	9,593
1957	869	4	52	286	342	10,199
1958	1,053	6	60	310	376	11,191
1959	1,145	8	82	359	449	12,139
1960	1,138	12	71	348	431	13,545
1961	1,205	6	79	353	438	14,676
1962	1,294	4	76	356	436	15,904

Developments on the Island road system have an inevitable impact upon the welfare of school children and young people. An increase in the number of vehicles is likely to increase the risk of accident, and such an increase in numbers makes it more and more essential for care and consideration for each other by all users of the road. It is interesting to note that accident figures in this Island do not follow the same pattern as on the mainland. The picture is, in fact, a happy one. Whereas in the United Kingdom the ratio of fatal accidents to the ones with injury only is 1 in 51, here it is 1 in 73. It is hoped that this position will not deteriorate, there is of course still room for improvement in road use and road manners. People continue to leave vehicles in spots which force others to take unnecessary risks, cyclists continue to ride two or three abreast, and speed limits are universally disregarded. On the credit side, there seems to be no doubt that the fine work of the police in educating the children in schools and the constant impact of advice on television is having a beneficial effect. It remains to be seen what 1963 will bring.

### *Diet*

Statistics published in the report of the Chief Medical Officer for the Ministry of Education indicate that children on the mainland are taller, heavier, and healthier than they were 20 years ago. In the Island there are unfortunately insufficient statistics and records to be able to prove this scientifically, but an inescapable conclusion is that the same improvement has taken place here. From one point of view it might be said that such a development was to be expected.

The past two decades have seen a great development in the science of infant diet, of protection against infectious disease and physical welfare generally. Moreover the climate of the Island with its sea air and sunshine is manifestly a healthy one. On the other hand, there have been, and still are grave shortcomings in one other most important factor, and that is diet. It might almost be said that progress has been made in spite of this deficiency. The feeding habits of too many school children are not what they should be.

Breakfast—bread and butter and tea;

Lunch—Sandwiches;

Evening meal—fish and chips.

Such a diet is grossly deficient in vitamins and proteins. Most regrettable in particular is lack of fresh vegetables and fruit. As might be expected, the dental condition of the children is very bad, over 90% showing some defect on inspection and for this the diet can largely be blamed, plus, probably, too many sweets.

A most interesting topical observation has been made by Dr. J. M. Tanner of the London Institute of Child Health on the relation between physical development and intelligence quotient. He has produced evidence that a higher I.Q. can be generally expected in children who are above average in height and weight, the proportion being as much as 14 points. This is not to say, of course, that smaller children cannot also have high quotients but the number is less. The obvious inference from this is that the improved physique of children is accompanied by improved mental ability, and this in turn emphasises the importance of diet and physical care as an integral part of any educational system.

### *Handicapped Children*

During the past year it has been possible to give some more detailed study to the problem of mentally handicapped and educational sub-normal children; the situation can be shown in tabular form as follows:—



MENTALLY HANDICAPPED

NOTIFICATIONS BY SEX AND AGE

Class I. Mental Defectives attending Floraville.  
Class II. Mental Defectives who are not attending Floraville.

				Class I		Class II	
				Sex		Sex	
Age				M	F	M	F
0- 4	...	...		—	1	5	1
5	...	...		—	—	—	—
6	...	...		1	—	—	1
7	...	...		—	—	—	—
8	...	...		2	—	—	—
9	...	...		—	—	1	—
10	...	...		2	—	—	—
11	...	...		1	—	—	1
12	...	...		2	—	2	—
13	...	...		1	1	—	—
14	...	...		—	—	—	—
15	...	...		2	3	—	—
16	...	...		—	1	—	1
17	...	...		—	2	1	2
18	...	...		—	—	—	—
19	...	...		—	—	—	1
20	...	...		—	—	—	1
21-25	...	...		—	—	2	4
26-30	...	...		—	—	1	2
31-35	...	...		—	—	—	3
36-40	...	...		—	—	—	2
41-45	...	...		—	—	—	—
46-50	...	...		—	—	1	—
51-55	...	...		—	—	1	—
56-60	...	...		—	—	—	—
61-65	...	...		—	—	1	—
65+	...	...		—	—	—	—
				12	7	15	19
Totals Class I				...	...	19	
Class II				...	...	34	
						—	
						53	
						—	

In addition, there are 19 persons in Institutions in England.



The whole situation in regard to mentally handicapped persons will need watching very carefully for the next ten years at least, since their number will show a steady increase. This will stem from two sources; one is the actual birth of defective babies, and secondly gradual infiltration from Floraville as children become too old to stay there. There is no reason to suppose that fewer defective children will be born, on the other hand it can be anticipated that many will survive who would not have done so a while ago. The practical implication of all this is that Floraville will need extending, and that some kind of occupational centre will be needed for the day care of older defectives. The time is fast approaching when a residential institution for persons both above and of school age will become an absolute necessity.

### *Child Guidance*

The problem of juvenile delinquency and mal-adjustment to society is receiving more and more attention in England. Quite apart from what might be termed the public conscience, the practical impact of crimes of violence and illegitimacy associated with teenagers gives rise to public alarm. The problem has its complexities but one or two of its aspects seem very plain; as a result of better diet and care children now mature physically two or three years earlier than their parents did and these young people in fact have adult bodies with immature minds. It is hardly surprising therefore, that the transition period from school to society is a difficult and sometimes stormy one. It may be too that the stresses of environment are greater these days. For example, the shadow of atomic destruction. Having observed the effect of bombing on young people in England during the war, I do not think too much should be made of this. One thing, however, seems to stand out, and that is a general deterioration in parental control and responsibility. The guidance of young people is the prime responsibility not of the police, the social worker, or the school teacher. It rests squarely on the shoulders of the parents, and when trouble occurs they must bear most of the responsibility. The setting up of some form of child guidance clinic should be considered, although it would perhaps be better to call it a family guidance clinic since the parents will need at least as much help as young people.

### *The Green Eye*

Television is now as commonplace an item in the home as the telephone or the electric light, but with a difference. The latter are useful servants of the family, whereas a television very often achieves a different status, that of master. One of the deplorable mis-uses of sound radio is what people are pleased to call "background music". This means the addition of semi-audible music, of nobody's particular choice, to a group of people all talking at once about nothing in particular. There is however a subtle difference with television inasmuch as it demands attention in an almost hypnotic fashion, and I use the word hypnotic literally and not as a figure of speech. It is a commonplace that one of the techniques of the induction of hypnosis is to focus the subject's eyes on a bright spot in a semi-darkened room. Small wonder that commerce knows and exploits this for persuasive advertisements. Is television in the home a menace to the health and progress of the school child?

Like so many other things it would seem that all depends upon its intelligent use and control by the parents. Unfortunately just as in the '80's parents gave

babies laudanum drops to stupefy them into quiet, so modern parents can dodge the company of their children by giving them unlimited doses of television. This deserves no comment. There is an impression that quite a few children are handicapped in their physical and mental progress by excessive televising. The only answer is parental commonsense. It could be suggested that the instrument be locked away on May 1st, to re-appear on September 30th. I wonder how many parents would have the strength of mind to do so.

### *Squint and Visual Defect*

During the past few years it has emerged that Squint and Visual defects are a major problem in this Island. In fact, one child in every seven suffers from some eye defect or other. This is probably largely due to hereditary influences but the position has been aggravated by the fact that such defects often manifest themselves before school age and even if they develop later are not always picked up by routine examination.

It has become evident that symptoms manifest themselves in many cases for the first time between 8 and 12 years, and in all cases serious disability can result if they are not adequately treated. Measures which are proposed to deal with this problem are as follows:—

1. To endeavour to ascertain visual defects as early in life as possible through the Health Visitors;
2. To encourage parents to seek the advice of Health Visitor or Doctor if the visual defect is suspected, and for this to be dealt with at once, and not have action postponed until school age;
3. To have all school entrants specially checked by the Orthoptist;
4. To encourage teachers to refer children to the school Medical Department if they have any suspicion of visual defect in any of the children attending their schools.

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By these means it is hoped to gain control of the situation within a reasonable time, though it is difficult to suggest any way of preventing the high number of defects from making their appearance in the first place. The first aim must be to ensure that no correctable defect goes undetected or untreated.

### *Speech Therapy*

During the year 85 children received treatment, some attending thrice weekly. An average of 15 were discharged each month as compared with 18 in 1961. Attendance was consistent and parental co-operation good. Disabilities treated included stammering, cleft palate, deafness, cerebral palsy. One or two cases in particular were very encouraging when children who were totally incapable of speech at first responded to treatment.

A Christmas party provided by voluntary subscription was very much appreciated by the children who are particularly in need of encouragement in social relationships.



## ALDERNEY—*Report from Dr. Bell.*

Routine medical examinations were carried out on pupils at the Mignot Memorial Hospital where they were facilitated by the presence of a trained nurse.

These were carried out at weekly intervals.

The general health in the school was good.

In April and May there were six cases of German Measles but otherwise there was no outbreak of infectious disease.

From March to May, when the smallpox outbreaks were occurring on the mainland, 125 were vaccinated or revaccinated against smallpox.

### *Schools Dental Service*

Report for 1962 from D. J. Hearn, L.D.S., Principal School Dental Officer.

During the year ending 31st December, 1962, all schools under our care were inspected, totalling 5,380 children of all age groups. In addition to these inspections, the Girls and Boys Grammar Schools and Valnord were visited for the first time. Of the children examined 2,566 required treatment, which figure I am happy to say is a 15% improvement on the previous year. This improvement is due to:

- (i) more regular attendance at the clinic by all age groups;
- (ii) more dental awareness on the part of the parents and children;
- (iii) a fully staffed dental clinic enabling my colleague and I to commence treatment shortly after school inspection;
- (iv) the amount of conservative treatment carried out at the clinic.

Unfortunately dental decay is not a static disease. Children with no bad teeth in January can have six bad in September. Once started, decay spreads rapidly. The only way to counteract this menace is to see that your child is inspected at the clinic regularly, or a minimum of twice a year. If caught in time dental decay can be stopped with no discomfort, but if allowed to spread, extraction of teeth is the inevitable result. In between visits to the clinic do try and ensure that your child has a toothbrush and that he or she uses it at least twice a day; i.e. after breakfast and before retiring at night. The simplest way to ensure that your children clean their teeth is to give them an apple after meals. This cleans their teeth by removing any sticky particles of food from the crevices and goes a long way towards preserving their teeth from decay.

The new entrants to the various schools I am sorry to say, were no improvement on last year. Two thirds of these children coming to schools for the first time had decayed baby teeth. It is extremely difficult to get pre-school children to brush their teeth, and hence any control over the health of their mouths is minimal. One can cut dental decay to a minimum by giving them the right things to eat, and no sticky sugary snacks between meals. The other alternative is the fluorida-



tion of the water supplies, a measure which will strengthen the teeth of the children, from birth right through their lives, and cut dental decay by as much as 60%.

I am pleased to report that we have commenced a limited Orthodontic and Denture Service at the clinic and this enables us to treat the simplest types of irregularities, or to replace the permanent tooth lost by decay or accident.

#### *Figures for 1962*

*Fillings.* Permanent Teeth:—4,795. Deciduous Teeth:—1,278.

*Extractions.* Permanent Teeth:—1,086. Deciduous Teeth:—2,800.

*General Anaesthetics.* 1,298.

*Scalings.* 468.

*Orthodontic Appliances Inserted.* 17.

*Dentures Inserted.* 4.

*Treatment Completed.* 2,689.

### THE SANITARY CIRCUMSTANCES OF GUERNSEY

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The problems of 1962 were very similar to those of 1961. There have, however been many more complaints regarding refuse collection and these complaints are not one sided. On the one hand you have the refuse collector who, rightly, refuses to empty bins containing offensive smelling putrefying materials; on the other you have the householder who again rightly complains that his bin is not properly emptied and that much of the contents have been tipped onto the street, path or gateway as the case may be. The use of paper sacks as used by many mainland authorities has been discussed but as the Disposal of Refuse Ordinance is still operative, householders must continue to use a metal bin with a properly fitting cover in which to place the paper sack.

A successful prosecution was taken against a well known hotelier for the filthy condition in which his bins had been deposited for collection and also for the very unsatisfactory state of his kitchen.

The refuse tip at Portinfer has been very satisfactory and its filling is almost completed. The next venue is an adjacent quarry which when filled will also provide a nice reclaimed area.

Owing to the fact that no licences are necessary to open a shop, café, or even a restaurant where no plans have been submitted, one frequently finds that when such businesses as these have opened, it is far more difficult to compel people to provide even the necessary facilities for such businesses. As much time as possible has been spent dealing with hotels, restaurants, cafés and places where people eat. A full time inspector could be usefully employed in this sphere of our work.

TABLE 1

## Water Supplies

## Bacteriological Examinations

## Number of Samples

							Total	Satisfactory	Unsatisfactory
Samples from mains supplies including Scout/Guide Camps, Swimming Pools and Schools ... ..	...	...	...	...	...	...	486	486	Nil
Other Sources ... ..	...	...	...	...	...	...	—	—	—
Wells ... ..	...	...	...	...	...	...	187	154	33
From uncertain sources including fountains							4	1	3
Public pumps ... ..	...	...	...	...	...	...	9	9	Nil
Rain water ... ..	...	...	...	...	...	...	9	8	1
Supply tanks ... ..	...	...	...	...	...	...	4	4	Nil
Herm ... ..	...	...	...	...	...	...	26	24	2
Jethou ... ..	...	...	...	...	...	...	2	2	Nil
Sark ... ..	...	...	...	...	...	...	3	2	1
							730	690	40
Total ... ..	...	...	...	...	...	...	730	690	40

### Chemical Examination

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Streams and quarries for Chemical Analysis including Phenols—II.

In addition to the fresh water supplies 20 samples of sea water were taken.

Mains supplies have been satisfactory throughout the year. Similar remarks referring to Guest Houses as in my report for 1961 apply to 1962 and it will be noted that this year's figure for private wells is 187 compared with 153 in 1961 an increase of 34.

Further extension of water mains would be welcomed in some fairly thickly populated areas where privately owned wells give a water not of good bacteriological quality.

TABLE 2

### *Inspection of food storage and preparation premises*

## No. of visits

Wholesale food stores	...	...	...	...	...	70
Retail shops. These for condemnation only	...	...	...	...	...	58
Retail shops—Routine visits	...	...	...	...	...	197
Restaurants and cafés and tea rooms	...	...	...	...	...	134
Bakehouses	...	...	...	...	...	79
Proposed new butchers shops	...	...	...	...	...	3
Fish and chip shops	...	...	...	...	...	34

## Inspections of Hotels and Guest Houses

## No. of visits

Hotels and Guest Houses with Tourist Inspector ...	...	...	116
„ „ „ Board of Health Inspectors only			78
„ „ „ Building Inspectors	...	...	30

TABLE 3

*Food samples analysed during the year*

White Bread—15	French Butter—1
Toasted Bread—2	Trout—1
Baby cereal—1	Chili-Con-Carne—1
Butter—1	Tinned Peaches—1
Grapes—2	Meat Pie—1
Guernsey Rock—1	Goat Milk—1
Cat Meat—1	Gob Stoppers—1
Lactic Acid—1	Apples—1
Cooked Chicken—1	Cheese Spread—1
Synthetic Cream—1	Dessicated coconut—1
Flour—1	Ham—1
Crisps—1	Milk—1
Whole Meal Bread—1	Sandwich Spread—1
Ginger Cake—1	

*Other Analyses*

Urine—1
“Itchy Coo” (itching powder)—1
Air Samples—1
Seaweed liquor from Portelet Bay—1
Water Samples—1
Cardboard Margarine Container—1

TABLE 4

*Food Examined and Condemned as Unfit for Human Consumption*

Ground Almonds—32 lbs.	Game—10 lbs.
Bread—4 rolls.	Conserves—26 tins.
Bacon—927 lbs.	Jellies—4.
Junior Foods—5 tins.	Meat—243 tins, 129 lbs.
Beverages—342 bottles, 5 jars, 8 tins.	Mincemeat—7 tins.
Baked Beans—49 tins.	Ham—640 lbs.
Beans with Pork (bacon or sausages)—30 tins.	Ox Tongue—45 lbs.
Butter—41 lbs.	Sausages—430 lbs.
Lard—28 cartons + 7 lbs.	Meat Pies—46.
Margarine—56½ lbs.	Fruit Pies—8 dozen.
Biscuits—37 tins.	Milk—445 tins.
Cake—36 cases.	Macaroni—1 tin.
Swiss Roll—1.	Oat Crunch—8 ozs.
Chocolate—8 ozs.	Mustard—29 tins.
Cereals—154.	Semolina—9 tins.
Crisps—999 cartons.	Pickles—16 jars.
Cheese—291 lbs., 71 doz. cubes, 65 jars, 35 pkts., sliced, 60 blocks, 32 portions.	Salad Cream—9½ galls. + 3 jars.
Chickens—12 birds, 33 tins.	Tomato Ketchup—1 gall. + 1 tin.
Cream—28 tins.	Tomatoes in tins—29.
Coffee—91 tins.	Ravioli—25 tins.
Creamed Milk Puddings—94 tins.	Rabbit—6 lbs.
Curry—14 tins.	Spaghetti—66 tins.
Fish—205 tins.	Pulse Foods—80 lbs. split green peas.
Mussels—4 lbs.	Tomato juice—1 case x 6; 104 ozs., 4 tins.
Easy Mix—184 packets.	Soups—86 tins.
Fats—6½ ozs.	Vegetables—114 (fresh), 749 tins.
Flour—6 lbs.	Fruit—
Horse Radish Sauce—8 ozs.	723 tins, 6 cases pears (fresh).
	7 trays (fresh), 23 pkts. (dried).
	4 bottles, 26 tins (juices).



*Farms and Dairy Inspections*

Interviews with farmers re unsatisfactory milk results	...	...	109
Inspection of new milk retailers equipment and shop depots	...	21	
Farms visited for check samples	...	...	1
Farms visited to check water supplies	...	...	41
Cases of suspected mastitis found and reported	...	...	1
Visits to States Dairy	...	...	167

TABLE 5

*Milk and Cream Samples Taken for Analysis*

Formal Samples	...	...	...	...	...	...	...	1
Samples for Phosphatase Test	...	...	...	...	...	...	...	69
Samples for Mastitis Investigation	...	...	...	...	...	...	...	4
Cream (Alderney)	...	...	...	...	...	...	...	4
One case of Anthrax was reported and a farm disinfection carried out.								

TABLE 6

*Ice Cream*

Total Number of Samples Taken	...	...	...	...	...	...	...	56
Imported	...	...	...	...	...	...	...	50
Local Manufacture	...	...	...	...	...	...	...	6
Results:—	Imported		Local					
Grade 1	78%		83%					
2	20%		17%					
3	2%		Nil					
4	Nil		Nil					

*Housing Inspections*

Request housing inspection from STATES HOUSING AUTHORITY	62
Requests from other sources	133
Inspections for Sanitary Defect and Drainage	199
Re Inspection of Work in progress or completed	303
House Drains Tested	49

*Work carried out by verbal agreement*

Exterior repairs to dwellings	25
Interior repairs to dwellings	33
Sanitary defects made good	59
Roof defects repaired	56
New gutters and rainwater pipes and drainage provided	13
New W.C.'s provided	2
New cesspits	3
Drainage systems exposed and examined	32
Unofficial refuse dumps cleaned or covered	13

### *Other Inspections*

Camp sites	...	...	...	...	...	...	...	...	...	44
Schools	...	...	...	...	...	...	...	...	...	12
Workplaces and workshops	...	...	...	...	...	...	...	...	...	6
Visits to controlled refuse tips	...	...	...	...	...	...	...	...	...	53
„ to uncontrolled refuse tips	...	...	...	...	...	...	...	...	...	16
„ with Health Visitors	...	...	...	...	...	...	...	...	...	46
„ with Building Inspectors	...	...	...	...	...	...	...	...	...	111
„ to Public Conveniences	...	...	...	...	...	...	...	...	...	70
„ to Bays	...	...	...	...	...	...	...	...	...	53
Septic tanks examined	...	...	...	...	...	...	...	...	...	18
Test holes made for proposed septic tanks	...	...	...	...	...	...	...	...	...	4
Visits to Markets	...	...	...	...	...	...	...	...	...	102
Visits to existing and proposed social clubs	...	...	...	...	...	...	...	...	...	11
Visits with Medical Officer of Health	...	...	...	...	...	...	...	...	...	15
Visits with Assistant Medical Officer of Health	...	...	...	...	...	...	...	...	...	95
Visits to ships for Notifiable Infectious Diseases (Smallpox 4; V.D. 12)	...	...	...	...	...	...	...	...	...	16
Onion Pickling factory	...	...	...	...	...	...	...	...	...	4
Bathing Pools	...	...	...	...	...	...	...	...	...	25
Visits with Markets Superintendent	...	...	...	...	...	...	...	...	...	6
Visits to ships for exemption from deratization certificates	...	...	...	...	...	...	...	...	...	2
Civil defence bunker	...	...	...	...	...	...	...	...	...	3
Visits with Architects	...	...	...	...	...	...	...	...	...	12
Nuisances investigated and abated	...	...	...	...	...	...	...	...	...	71
Interviews and requests for advice	...	...	...	...	...	...	...	...	...	312
Miscellaneous visits	...	...	...	...	...	...	...	...	...	138
Ineffectual visits	...	...	...	...	...	...	...	...	...	54
Geriatric visits	...	...	...	...	...	...	...	...	...	12

Clerical assistance was given by my staff and myself at smallpox vaccination sessions.

### *Rat Destruction*

Number of visits made	...	...	...	...	...	...	...	...	2,452
New infestations reported	...	...	...	...	...	...	...	...	204
Number of properties gassed	...	...	...	...	...	...	...	...	98
Pre-baiting	...	...	...	...	...	...	...	...	—

The greatest and most numerous infestations have occurred at vineries, particularly those where carnations and bulbs are grown, although rats frequently attack very young tomato plants and also the very early fruit. It seems a very significant fact that rats moved into their winter quarters much earlier during the year under review, probably a premonition of the very severe winter which followed. It will be noted that no pre-baiting was carried out, a fact which I must regret. Single visits to any property are most unsatisfactory and under the present circumstances this work is being only half done. Mr. Reid, working under these circumstances, has indeed done a very good job.

A successful prosecution was taken against a house owner for failing to keep his property free from rubbish and thereby harbouring rats.

In addition, 147 wasps nests have been destroyed and most of these entailed at least two visits which are not included in rat destruction figures.

*Disinfections*

Articles of clothing and bedding from the following places were steam disinfected at the King Edward Sanatorium disinfecting plant.

From the Princess Elizabeth Hospital	...	...	...	...	...	1,208
„ „ King Edward Sanatorium	...	...	...	...	...	54
„ „ St. John Ambulance	...	...	...	...	...	125
„ „ Maternity Hospital	...	...	...	...	...	4
„ Private Houses (N.I.D.)	...	...	...	...	...	20
„ H.M.'s Prison	...	...	...	...	...	24
						1,335

*Premises Disinfected*

Princess Elizabeth Hospital (Rooms)	...	...	...	...	...	15
King Edward Sanatorium (Rooms)	...	...	...	...	...	2
Private Houses	...	...	...	...	...	3
H.M.'s Prison (Rooms)	...	...	...	...	...	2
						22

*Disinfestations*

Houses owned by States Housing Authority	...	...	...	...	10
Schools	...	...	...	...	6
Private houses	...	...	...	...	2
					18

*Herm Island*

Water sampling and rat destruction were again carried out. Twenty-six water samples were taken.



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